

U.S. Department of Justice  
 United States Marshals Service

# PROCESS RECEIPT AND RETURN

PLAINTIFF DEMETRIUS BROWN	COURT CASE NUMBER 1:04-cv-379
DEFENDANT UNITED STATES DEPARTMENT OF JUSTICE	TYPE OF PROCESS SUMMONS

**SERVE AT** NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
 U.S. DEPARTMENT OF JUSTICE  
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
 Torts Branch, 26 Federal Plaza, New York, NY. 10278-0140

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW  Demetrius Brown Reg. No. 21534-039 FCI RayBrook P.O. Box 9001 Bradford, PA. 16701	Number of process to be served with this Form 285	2005 OCT 24 AM 3:48 U.S. DISTRICT COURT EASTERN DISTRICT OF PA. PHILADELPHIA
	Number of parties to be served in this case	
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

The Defendant is hereby summoned and required to serve upon Plaintiff, Demetrius Brown, whose address is stated above, an answer to the complaint which is herewith served upon you, within 60 days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. The nature of this action is a Tort Claim for personal injuries suffered due to ETS in which relief is for ten million dollars; filed with Clerk for W.D.PA.

Signature of Attorney other Originator requesting service on behalf of: <i>Demetrius Brown</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE 8/30/05
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY— DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No.	District to Serve No.	Signature of Authorized USMS Deputy or Clerk	Date
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
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Address (complete only different than shown above)	Date <i>8/30/05</i>	Time <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
Signature of U.S. Marshal or Deputy <i>[Signature]</i>		

Service Fee <i>[Signature]</i>	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges <i>[Signature]</i>	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS: *o/c/w mailed 09/14/05*

10/20/05 RETURNED TO COURT UNEXECUTED - NO RESPONSE TO WAIVER BY MAIL

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285  
 Rev. 12/15/80  
 Automated 01/00